

## 37.0.0 VERIFICATION

### 37.1.0 Definition

Verification is part of determining eligibility. To verify means to establish the accuracy of verbal or written statements made about a group's circumstances. Documentation is a method by which you accomplish verification.

You will ask the questions needed to determine eligibility, but only need to verify mandatory and questionable items.

If the client is applying for other programs of assistance or if you are looking for sources of verification, see the IMM, Chapter I, Part C.

#### 37.1.1 Documentation

Case comments in CARES provide documentation. Your notes report what happened in collateral contacts, viewing documents, home visits, etc. Include enough data to describe the nature and source of information if follow up is needed. There is no requirement to photocopy and file verification items.

### 37.2.0 General Rules

1. Apply these verification instructions only to Medicaid (MA), including Family Care Non-MA (32.0.0) and Medicare Beneficiaries (27.0.0).
2. Only verify items necessary to determine eligibility for MA.
3. If an item is not mandatory or questionable, do not verify it.
4. Do not over-verify. Requiring excessive pieces of evidence for any one item is over-verification. If you have all the verification you need, do not continue to require additional verification.
5. Do not verify information already verified unless you believe the information is fraudulent or differs from more recent information. If you suspect fraud exists, determine if you should make a referral for fraud or front-end verification (37.6.0). Fraud in other programs of assistance doesn't affect MA verification.
6. Do not exclusively require a particular type of verification when various types are possible.
7. Do not target special groups or persons on the basis of race, religion, national origin or migrant status for special verification requirements.

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### 37.2.0 General Rules (cont.)

8. Do not harass the client or violate his/her privacy, personal dignity, or constitutional rights. Respect personal rights.
9. If a client chooses to provide you missing but needed verification directly, don't require him/her to sign a release form. If s/he provides you with the required verification without a release and it is sufficient to establish eligibility, accept the verification.

### 37.3.0 Mandatory Verification Items

Verify the following mandatory items:

1. SSN.
2. Alien Status.
3. Pregnancy, if eligibility is based on the pregnancy.
4. Disability and Incapacitation.
5. Assets, for the Elderly, Blind and Disabled (EBD).
6. Divestment, for EBD.
7. Medical Expenses, for deductibles only.
8. Migrant workers eligibility in another state (19.8.1), if applicable.
9. Physician certification (verbally or in writing) that the person is likely to return to the home or apartment within 6 months for institutionalized persons maintaining a home or property (15.3.1).

Accept self declaration for all other items, unless you document them as questionable.

#### 37.3.1 Social Security Number

SSNs need only be furnished for household members requesting MA. An applicant doesn't need to provide a document or social security card. S/he only needs to provide a number, which is verified through the CARES SSN validation process.

If the SSN validation process returns a mismatch record, then the client must provide the social security card or another official government document with the Social Security Number displayed. If an applicant does not yet have a Social Security Number s/he must be willing to apply for one.

Verify the SSN only once.

Assist the client in applying for an SSN for any group member who doesn't have one (IMM, Ch. I, Part C).

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#### 37.3.1 Social Security Number (cont.)

Do not deny benefits pending issuance of a SSN if you have any documentation that an SSN application was made.

##### 37.3.1.1 *Newborns*

A parent of a newborn may begin a SSN application on the newborn's behalf while still in the hospital. Verify this through the Birth Record Query.

Do not require an SSN to be furnished or applied for on behalf of a newborn determined continuously eligible (26.4.0) for MA. Accept the mother's statement about the existence and residence of the newborn.

##### 37.3.1.2 *Emergency Services*

Do not verify SSNs of clients who receive emergency services only.

#### 37.3.2 Alien Status

Accept self-declaration that a client is a citizen.

A client who indicates s/he is not a citizen must provide an official government document that lists his/her alien registration number. Verify the individual's alien status by using the SAVE system.

An alien that presents documentation of his/her alien status and meets all other eligibility criteria is presumptively eligible. Begin benefits and determine, through SAVE, that s/he is in a satisfactory immigration status.

Verification of alien status is not needed if the person already provided proof when s/he applied for an SSN.

Do not re-verify alien status unless the client reports a change in citizenship or alien status.

#### 37.3.3 Pregnancy

If a woman wants to be considered pregnant for a MA eligibility determination, documentation from a health care professional attesting to the pregnancy is required. Fetus count and the pregnancy end date are not mandatory verification items.

#### 37.3.4 Disability and Incapacitation

**Disability.** For any person who wants to be considered disabled for MA, including the Medicaid Purchase Plan

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#### 37.3.4 Disability and Incapacitation (cont.)

(MAPP), DDB must complete a disability determination (5.0.0). There is no need to re-verify after the initial determination. Disability reviews are scheduled by DDB and they will send any new information to you.

**Incapacitation.** Verification of incapacitation is mandatory when incapacitation is the reason for a deprived child. Inform a client who is incapacitated that s/he must have the Medical Examination and Capacity Form (DES 2012) completed by a medical professional. Instruct him/her to fill out a Confidential Information Release Authorization – Disability Determination Bureau form (HFS-9D) and return to you.

You may presume incapacitation when you have reliable information received by phone from a physician, hospital, chiropractor, or public source like a newspaper. You may also presume incapacitation if a parent gets Workers' Compensation or private disability insurance benefits. Verify the presumed incapacitation within sixty days. Receipt of SSI or OASDI benefits is verification of incapacitation.

#### 37.3.5 Assets

Verification of assets is mandatory for clients requesting the following MA subprograms:

- EBD (categorically and medically needy).
- EBD Special Status (503, Disabled Adult Child, Widow/widowers).
- Medicaid Purchase Plan (MAPP).
- Institutional MA.
- Community Waivers, including PACE and Partnership.
- Family Care.
- Medicare Premium Assistance Programs.

Also verify assets of community spouses for community waivers, institutional MA and Family Care non-MA.

If reported assets exceed the asset limit, do not pursue verification.

Do not verify exempt assets.

**Example.** An EBD MA client's burial plot is not counted in determining his/her MA eligibility. Do not require verification of its value in determining the group's MA eligibility.

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### 37.3.5 Assets (cont.)

You don't need to verify cash on hand.

See IMM, Chapter 1, Part C for asset verification sources.

#### 37.3.5.1 *Divestment*

Verify if a client or spouse has divested assets when determining eligibility for institutional MA and community waivers (14.0.0).

### 37.3.6 Medical Expenses

Verify medical expenses if they are used to meet a deductible. Verify the expense and date of service.

### **37.4.0 Questionable Items**

Information is questionable when:

1. There are inconsistencies in the group's oral or written statements.
2. There are inconsistencies between the group's claims and collateral contacts, documents, or prior records.
3. The applicant or his/her representative is unsure of the accuracy of his/her own statements.
4. The applicant has been convicted of Medicaid recipient fraud or has legally acknowledged his/her guilt of Medicaid recipient fraud. Do not require an applicant to provide verification for the sole reason that they have acknowledged or been convicted of fraud in any other public assistance or employment program.

#### 37.4.1 Tuberculosis

See 19.7.1 for appropriate verification items if information provided is questionable.

#### 37.4.2 Farm and Self-Employment Income

See 22.6.0 for appropriate verification items if information provided is questionable.

### **37.5.0 Client Responsibility**

The ES worker has a responsibility to use all available exchanges to verify information, but the client has primary responsibility for providing verification. The client must likewise resolve questionable information. Do not deny eligibility when the client does not have the ability to produce verification.

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### 37.5.1 Assist the Client

Assist the client in obtaining verification if s/he has difficulty in obtaining it.

Use the best information available to process the application or change within the time limit and issue benefits when the following two conditions exist:

1. The client does not have the power to produce verification, **and**
2. Information is not obtainable timely even with your assistance.

In this situation, seek verification later. When you have received the verification, you may need to adjust or recoup benefits based on the new information. Explain this to the client when requesting verification.

### 37.6.0 Front-End Verification

Front-End verification (FEV) is intensive verification of a case by a special unit or worker. Refer a group for FEV only when it's characteristics meet a designated profile. See IMM, Ch. I, Part E.

### 37.7.0 When to Verify

Verify mandatory and questionable items at application, review, person addition or deletion, or when there is a change in circumstance that affects eligibility or benefit level. Don't re-verify one time only verification items.

#### 37.7.1 Application and Review

The time period for processing an application for MA is 30 days. Advise the applicant of the specific verifications required within the 30 day processing time. Give the applicant at least ten days to provide any necessary verification.

Do not deny the group for failure to provide the required verification until the:

1. 11<sup>th</sup> day after requesting verification, **or**
2. 31<sup>st</sup> day of the application or review processing period, whichever is later.

If you request verification more than ten days prior to the 30<sup>th</sup> day you must still allow the applicant the full 30 days to provide the required verification.

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### 37.7.2 Changes

Advise the recipient of the specific verification required and allow a minimum of 10 days to provide it.

## 37.8 .0 Actions

### 37.8.1 Positive Actions

Begin or continue benefits when:

1. The client provides requested verification within the specified time limits and is otherwise eligible.
2. Requested verification is mandatory, but the client does not have the power to produce the verification and s/he is otherwise eligible.

### 37.8.2 Delay

Notify the client of a processing delay when:

1. Verification is needed, **and**
2. S/he has the power to produce the verification, **and**
3. The minimum time period allowed for producing the verification has not passed.

CARES provides a verification checklist, to notify the client of the reason for the delay, the specific verification required, and the date the verification is due.

### 37.8.3 Negative Actions

Deny or reduce benefits when **all** of the following are true:

1. The client has the power to produce the verification.
2. The time allowed to produce the verification has passed.
3. The client has been given adequate notice of the verification required.
4. You need the requested verification to determine **current** eligibility. Do not deny current eligibility because a client does not verify some past circumstance not affecting current eligibility.

## 37.9.0 Release of Information

You need someone's written release to get information from a verification source only when the source requires it.

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#### 37.9.0 Release of Information (cont.)

When a source requires a written release:

1. Explain the requirement to the client.
2. Ask the client, his/her spouse, or another appropriate adult in the household to sign the necessary release form(s).  
The form may be:
  - a. The CARES-generated or alternate pre-printed application forms.
  - b. A Confidential Information Release Authorization, DES 10779, or Confidential Information Release Authorization to Agency, DES 10779-1, or both.

Deny, discontinue or reduce benefits **only** when:

1. No appropriate person will sign the release form, **and**
2. The missing verification is necessary to determine eligibility, **and**
3. The client is unwilling or unable to provide the verification directly, **and**
4. The source requires a release, **and**
5. The release is the **only** way you can obtain the verification.

#### 37.10.0 Verification Resources

Workers can access many sources of information through data exchanges such as income, Social Security (SS), Unemployment Compensation (UC), and birth records. See the CARES Guide, Chapter 1X for instructions. See the IM Manual, Ch. 1, Part D, 4.0.0 for instructions on the SAVE (Alien Verification) System.

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